

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000261889 3)))



H190002618893ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : INCORPORATING SERVICES FL
 Account Number : 120050000052
 Phone : (850)656-7956
 Fax Number : (850)656-7953

2019 AUG 30 PM 4:42

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
 19 AUG 30 AM 8:55
 SECRETARY OF STATE
 TALLAHASSEE, FL

LLC REGISTERED AGENT RESIGNATION
1834 DELANCEY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02

T GLASS
 SEP 03 2019

COVER LETTER

H19000261889 3

TO: Registration Section
Division of Corporations

SUBJECT: 1834 DELANCEY, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000097980

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Archambault
Name of Person

INCORPORATING SERVICES, LTD.
Name of Firm/Company

3500 SOUTH DUPONT HIGHWAY
Address

DOVER, DE 19901
City/State and Zip Code

aarchambault@incserv.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (800) 346-4646
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2019 AUG 30 PM 4:42
FILED

H19000261889 3

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
INCORPORATING SERVICES, LTD.

Name of Registered Agent

, hereby resigns as

Registered Agent for **1834 DELANCEY, LLC**

Name of Limited Liability Company

L06000097980

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

AMANDA ARCHAMBAULT

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

2019 AUG 30 PM 4:42

RECEIVED
FILED

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**